

STATE OF IDAHO
OUTFITTERS AND GUIDES LICENSING IOGLB
1365 North Orchard – Room 172 – Boise, Idaho 83706
Telephone (208) 327-7380 - Fax (208) 327-7382

LAND MANAGER'S STATEMENT

PLEASE TYPE OR PRINT ALL INFORMATION

Applicant and/or Outfitter's Name: _____
(signature required at bottom of page)

dba: _____ License #: _____

Address: _____

Action(s) requested: _____

Ranger District (FS) _____ Forest _____

Field Office (BLM) _____ BLM District _____

Other _____

Agency Contact Name: _____

☐ This is a multi-office proposal. I have coordinated with the other affected Land Manager(s). (List contacts on reverse)

☐ **Sale or Transfer of Business**

☐ **New Opportunity**

☐ **Amendment**

☐ **PRELIMINARY**

☐ The undersigned has received a preliminary proposal for a Special Use Permit/Special Recreation Permit. The issuance of a permit for the actions requested will be considered by the agency.

☐ The undersigned has received a preliminary proposal for a Special Use Permit/Special Recreation Permit. Further research and/or analysis is needed. Recommendations regarding this preliminary proposal will be submitted to IOGLB by _____ (date).

☐ **FINAL**

☐ The undersigned has reviewed the proposal and/or completed the required analysis and will issue a permit upon licensure by IOGLB. This initiates the State License Process.

☐ The undersigned has reviewed the proposal and/or completed the required analysis for a Special Use Permit/Special Recreation Permit. The issuance of a permit for the actions requested has been considered and will NOT be issued. (Attach Decision Documentation)

Print Name of Land Manager

Address

Phone

Date

Signature of Land Manager

Comments:

OUTFITTER/APPLICANT’S SIGNATURE

Signature of Applicant	Date

List of additional Land Manager(s) contacts: